

Taxidermist Permit Application

Form 9400-400 (R 2/01)

License Fee: ☐ Resident \$ 50.00
☐ Nonresident \$100.00

Effective Date: September 1 through August 31
(2 Year License Period)

Notice: Use of this form is required by the Department for any application filed pursuant to s. 29.506, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31 - 19.39, Wis. Stats.

TO BE USED BY ISSUING AGENT

Permit Number

Date Issued

Issued By

* A social security number or federal employer identification number is **REQUIRED** when applying for a license according to chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

Pursuant to the provision of s. 29.506(2), Wis. Stats., I hereby apply for a Taxidermist Permit to mount or preserve the carcass of any wild animal for consideration and all privileges defined under Class A Fur Dealer's License, s. 29. 501, Wis. Stats.

(Please print or type)

Name of Applicant			Department of Revenue Seller's Permit Number (REQUIRED)		
Street or Route			Business Name		
City, State, Zip Code			Street or Route		
Telephone Number (include area code)			City, State, Zip Code		
*Social Security Number/Federal Employer Identification Number			County of Business		
Date of Birth (Mo. - Day - Yr.)	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Name and date of birth of agents or employees working under direct supervision of above applicant:

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		

WISCONSIN RESIDENT

I hereby certify that I have resided in this state for a period of thirty days preceding this date and that my taxidermist privileges are not now revoked by reason of a conviction for a violation of the fish and game laws of the State of Wisconsin.

Signature of Applicant	Date Signed
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NONRESIDENT

I hereby certify that I am a resident of the State of _____ and that my taxidermist privileges are not revoked by reason of a conviction of the fish and game laws of the State of Wisconsin. Also, I have complied with all of the laws regulating the issuance and purchase of this permit.

Signature of Applicant	Date Signed
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